

# OKLAHOMA STATE DEPARTMENT OF HEALTH

1/2/2015

**Lead Administrator**  
**Terry Cline, Ph.D.**  
**Commissioner of Health**

**Secretary of Health and Human Services**

**Lead Financial Officer**  
**Julie Cox-Kain**  
**Senior Deputy Commissioner**  
**Assistant Secretary for Health and Human Services**

FY'15 Projected Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
Public Health Infrastructure	\$2,619,677	\$21,335,203	\$3,551,178			\$27,506,058
Prevention and Preparedness Services	\$9,083,654	\$41,603,939	\$3,852,943			\$54,540,536
Protective Health Services	\$4,631,142	\$20,556,447	\$33,084,880			\$58,272,469
Community and Family Health Services	\$34,288,513	\$151,120,381	\$3,607,092	\$31,461,695		\$220,477,681
Health Improvement Services	\$8,384,091	\$3,602,276	\$6,428,001			\$18,414,368
Information Technology	\$1,448,823	\$13,087,669	\$10,893,238			\$25,429,730
<b>Total</b>	<b>\$60,455,900</b>	<b>\$251,305,915</b>	<b>\$61,417,332</b>	<b>\$31,461,695</b>	<b>\$0</b>	<b>\$404,640,842</b>

\*Source of "Other" and % of "Other" total for each.

Athletic Commission \$176,576 \$60,632,476

FY'14 Carryover by Funding Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
FY'14 Carryover	\$269,531	\$0	\$0	\$0	\$0	\$269,531

\*Source of "Other" and % of "Other" total for each.

## What Changes did the Agency Make between FY'14 and FY'15

### 1.) Are there any services no longer provided because of budget cuts?

The OSDH received a 3.70 % state budget reduction for SFY '15 and a \$5 million reduction in the Trauma Fund. The agency was required to not only accommodate the reduction in the budget but minimize the loss of uncompensated care funds to hospitals and EMS providers throughout the state that depend on Trauma Fund distributions to maintain this critical system of emergency healthcare. OSDH collects enough in Trauma funds to pay approximately 50% of the amount of qualified expenses claimed in each distribution period.

Legislated budget and cash reductions necessitated the following: eliminated support in SFY-15 for the cord blood bank planning efforts in the amount of \$500,000.

The Oklahoma Child Abuse Program (OCAP) program was reduced by \$150,000, eliminating a contract and leaving 42 at-risk families without education and support services in order to prevent or reduce child maltreatment.

Uncompensated care payments to Federally Qualified Health Centers (FQHCs) were reduced by \$291,508 or 9.82%

Uncompensated care payments to EMS and hospitals will be reduced by an estimated 10 - 12% annually dependent upon fund deposits.

Reduction in funding of \$319,531 to establish new FQHCs in medically underserved areas in the state.

Federal budget cuts and changes in federal policy to support immunization programs means that the OSDH has had to discontinue provision of vaccine to people who do not qualify for the Vaccine for Children program. Even in areas of limited vaccine accessibility the OSDH is prohibited from providing needed vaccine to some Oklahoma residents.

### 2.) What services are provided at a higher cost to the user?

None

### 3.) What services are still provided but with a slower response rate?

OCAP - Due to the elimination of one contract, either 42 fewer families would be served. If some or all of the impacted families chose travel to other service providers within the state, slower response rates of services would be realized in those areas.

Hospital Preparedness Program (HPP) - Federal reductions in hospital preparedness funds of 36.8% have resulted in less support for healthcare response efforts for hospitals and EMS agencies to adequately address infectious disease events/outbreaks and natural disasters. The Hospital Preparedness Program is 90% federally funded.

### 4.) Did the agency provide any pay raises that were not legislatively/statutorily required?

OSDH processed approximately 60 pay increases which were the final adjustments from the agency wide classification/compensation project which began in SFY13.

FY'16 Requested Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Other	Total	% Change
Public Health Infrastructure	\$2,619,677	\$21,335,203	\$3,551,178			\$27,506,058
Prevention and Preparedness Services	\$9,083,654	\$41,603,939	\$3,852,943			\$54,540,536
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\*Source of "Other" and % of "Other" total for each.

FY'16 Top Five Appropriation Funding Requests		\$ Amount
Public Health Laboratory		\$5,835,996
Vaccine Purchase, Distribution & Administration		\$2,687,645
Public/Private Partnership for Improvement of Adolescent and Children's Health		\$1,000,000
Reducing Preventable Hospitalizations and Emergency Department Visits for the Uninsured		\$9,000,000

**Total Increase above FY-15 Request**

**\$18,523,641**

How would the agency handle a 3% (\$1,818,974) appropriation reduction in FY'16?
A 3% reduction in appropriation to the department would equal \$1,818,974 and would require a reduction of services. Based on the OSDH business plan and agency priorities the department would be required reduce the distribution of state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary health care to uninsured patients from \$3,122,230 (SFY 14 amount) to \$1,303,256 for SFY-16. This approach would minimize the impact on mandated public health programs and maintain OHIP priorities that are necessary to improve health outcomes and prevent disease, specifically tobacco, obesity and Children's Health programs.

How would the agency handle a 5% (\$3,031,624) appropriation reduction in FY'16?
A 5% reduction in appropriations to the department would equal \$3,031 million and would require the reduction or possible elimination of a program. Based on a continuous process of determining priorities and attempting to align limited resources with those, the department would take action to eliminate the distribution of state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary health care to uninsured patients leaving a disbursement amount for SFY-16 of \$90,606.

How would the agency handle a 10% (\$6,063,248) appropriation reduction in FY'16?
A 10% reduction in appropriations to the department would equal \$6,063 million and would require the elimination and reduction of services to the following programs: FQHC uncompensated care amount of \$3,122,230, FQHC start up funding in the amount of \$319,531 and a significant reduction to the Oklahoma Child Abuse Prevention (OCAP) Program of \$2,624,487. Continuing the process of determining agency priorities and attempting to align limited resources, the department would take action to eliminate the distribution of state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary health care to uninsured patients. The OSDH would reduce the Oklahoma Child Abuse Program by \$2,624,487 or approximately 98% which would impact approximately 740 fewer at-risk families receiving home-based education and support in order to prevent or reduce child maltreatment. This approach would minimize the impact on public health imperatives, legislative mandates and key priorities of the department which currently focus on Physical Activity and Nutrition, Tobacco Use Prevention, Obesity Reduction and Children's Health programs

Is the agency seeking any fee increases for FY'16?	\$ Amount
None for SFY-16	
Increase 1	\$0
Increase 2	\$0
Increase 3	\$0

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?	
Public Health Laboratory \$49,178,000 Total Construction Cost	\$5,835,996
Julie - Capital Outlay request but not a one time request - Do I need to remove from this section?	
	\$5,835,996

Federal Government Impact
<p><b>1.) How much federal money received by the agency is tied to a mandate by the Federal Government?</b></p> <p>The department receives approximately 58% of the overall budget from federal sources. Those monies come with certain expectations or obligations of performance budget due to necessarily constitute "mandates". In many instances, the federal monies are used to support state mandates where appropriated monies or fees do not sustain programmatic efforts.</p> <p><b>2.) Are any of those funds inadequate to pay for the federal mandate?</b></p> <p>As mentioned above, a considerable portion of federal monies received by the department are utilized to support state level mandates.</p> <p><b>3.) What would the consequences be of ending all of the federal funded programs for your agency?</b></p> <p>Discontinuation of federal programs and funding would significantly impact public health systems and service delivery. Most federally funded programs serve state-side initiatives and impact clientele across board constituencies. Those programs include but are not limited to focus on the following public health issues; All Hazards Preparedness, Communicable Disease Prevention and Control, Maternal and Child Health Services, Nursing Home and Health Facility Inspection and Regulation as well as many others. The discontinuance of such services could dramatically impact health status in Oklahoma, leave our citizens vulnerable to outbreaks of disease and virtually eliminate the capability of a coordinated health and medical response in an emergency. Further, the elimination of these federal programs would result in the loss of jobs within and outside the department due to necessary reductions in personnel and elimination of contractual services currently provided. At present, approximately 50% of the department staff are funded on federal funding sources.</p> <p><b>4.) How will your agency be affected by federal budget cuts in the coming fiscal year?</b></p> <p>OSDH experienced federal funding cuts in the Hospital Preparedness Program which 90% must be awarded directly to hospitals and EMS services. This reduction will impact the states ability to replenish emergency medical supplies and stockpiles.</p> <p><b>5.) Has the agency requested any additional federal earmarks or increases?</b></p> <p>Approximately, 58% of the departments funding is awarded through approximately 77 federal revenue streams. The level of funding for each program is tied directly to the federal funding level as well as the federal guidance documents. The department continues efforts to identify all available funding opportunities that align with core public health functions, the agencies business plans and the Oklahoma Health Improvement Plan.</p>

Division and Program Descriptions
<p><b>Division 1 Public Health Imperatives</b></p> <p>Protect the health/safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health/medical emergency/response; and offer</p>

protection to vulnerable persons against exposure to severe harm.

**Division 2 Priority Public Health - Improvement of Health Outcomes**  
Health promotion and interventions aimed at reducing poor health outcomes and excess death in Oklahoma.

**Division 3 Prevention Services and Wellness Promotion**  
These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness.

**Division 4 Access to Competent Personal, Consumer and Healthcare Services**  
These services may include the training and education of public health and/or private medical providers, linking individuals to healthcare services or the provision of healthcare services when otherwise unavailable.

**Division 5 Science and Research**  
Services that seek to research public health problems & interventions for effectiveness; improve the practice of public health; and enhance the body of public health research through scientific publication and presentation.

**Division 6 Public Health Infrastructure**  
The public health infrastructure exists to support specific imperative, priority and other public health programs. These include infrastructure costs associated with providing a statewide public health presence.

FY'16 Budgeted FTE						
	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
Public Health Infrastructure	38	101	54	57	77	21
Prevention and Preparedness Services	62	105	106	37	138	36
Protective Health Services	73	204	59	53	183	27
Community and Family Health Services	325	1,145	298	541	806	96
Health Improvement Services	33	37	55	43	40	9
<b>Total</b>	<b>531</b>	<b>1,592</b>	<b>572</b>	<b>731</b>	<b>1,244</b>	<b>189</b>

FTE History					
	2015 Budgeted	2014	2013	2012	2011
Public Health Infrastructure	155	163	145	185	158
Prevention and Preparedness Services	211	211	240	217	197
Protective Health Services	263	270	202	227	218
Community and Family Health Services	1,443	1,374	115	1,460	1,399
Health Improvement Services	92	130	1,284	130	74
<b>Total</b>	<b>2,164</b>	<b>2,148</b>	<b>1,986</b>	<b>2,219</b>	<b>2,046</b>

Performance Measure Review					
Core Public Health Priority	FY'15 (Est)	FY'14 (Est)	FY'13	FY'12	FY'11

**All Hazards Preparedness**

Automate Central Office and County Health Department Plans	100%	100%	100%	100%	0%
Integrate COOP Plan Testing into Annual Drill and Exercise	100%	100%	100%	0%	0%
Add ICS training requirements relative to position to all staff PMPs	100%	100%	100%	100%	10%
Improve state score on National Health Security Preparedness Index	8.3%	7.8%	7.3%	N/A	N/A

**Improve Infectious Disease Control**

Incidence of tuberculosis, pertussis, hepatitis A and indigenously-acquired measles cases per 100,000	6.74%	6.86%	8.80%	6.80%	4.60%
Incidence of Reported Acute Hepatitis B Cases per 100,000	1.01%	1.02%	1.03%	2.1%	2.7%
Percent of HIV/AIDS Diagnosed Persons Out of Care	15%	15%	18.5%	17%	17%
Percent of immediately notifiable reports in which investigation is initiated by ADS within 15 minutes.	95%	95%	98%	95%	92%

**Improve Mandates Compliance**

Percent of State Mandated Non-Compliant Activities Meeting Inspection Frequency Mandates (IFMs)	100%	100%	86%	92.3%	69%
Percent of State Mandated Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	100%	91%	80%	23.1%	23%
Percent of Contracted Non-Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	100%	87%	86%	86%	68.2%
Percent of Contracted Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	100%	100%	100%	80%	60%

**Improve Children's Health**

Percent of Pregnant Women Receiving Adequate Prenatal Care as Define by Kotelchuck's APNCU Index	73%	72%	71.6%	70%	66.3%
Rate of Infant Deaths per 1,000 Live Births	6.7%	6.8%	6.8%	7.5%	7.4%
Percent of Infants Born to Pregnant Women Receiving Prenatal Care in the First Trimester	70.5%	69.5%	68.5%	68.4%	66.3%
Rate of Pre-Term Births	12.4%	12.6%	12.8%	13%	13.2%

#### Improve Disease and Injury Prevention

Percent of children 19-35 months old immunized with 4:3:1;3:3;1;4	73.9%	70.8%	62.7%	61%	N/A
Decrease the Number of Preventable Hospitalizations for Medicare Enrollees (per 1000)	76.95	78.3	76.9	81.0	81.8
Increase proper child restraint use among infants (<1 year of age)	84%	83%	72%	82.2%	64%
Number of motor vehicle injuries in infants less than one year of age.	93	97	97	104	116

#### Improve Oklahomans' Wellness

Percent of Oklahoma adults who are obese	29.2%	31.2%	32.5%	32.2%	31.1%
Percent of Oklahoma adults who smoke	21.0%	22.0%	23.7%	23.3%	26.1%
Percent of Persons Working Indoors Exposed to Second Hand Smoke at Workplace	12.4%	12.5%	12.7%	12.7%	10.9%
Cardiovascular deaths per 100,000	236.9	245.5	289.8	283.0	293.9
Number of Certified Health Communities	120	80	72	52	43
Number of Certified Health Schools	605	523	523	314	155

#### Improve Infrastructure, Policy, and Resource Support to Achieve Targeted Health Outcomes

Number of PHAB Accredited Health Departments	5	4	2	0	0
Percent of comprehensive plans completed to address job classifications and compensation	100%	100%	95%	50%	0%
Percent of accreditation prerequisites completed for state health department	100%	100%	100%	100%	100.0%
Percent Completion of Access to Primary care Statewide Assessment	100%	100%	100%	100%	0%
Percent of turnover agency-wide	11%	11.7%	13.1%	12.9%	N/A

Revolving Funds (200 Series Funds)			
	FY'12-14 Avg. Revenues	FY'12-14 Avg. Expenditures	June '14 Balance
<b>202</b> Kidney Health	\$0	\$0	\$625,108
<b>203</b> Genetic Counseling Licensure	\$0	\$0	\$14,478
<b>204</b> Tobacco Prevention and Cessation	\$1,425,148	\$1,660,738	\$120,111
<b>207</b> Alternatives-to-Abortion Services			\$37,952
<b>210</b> Public Health Special Fund			\$9,400,573
<b>211</b> Nursing Facility Administrative Penalties Fund			\$261,910
<b>212</b> Home Health Care			\$488,818
<b>220</b> Civil Money Penalties (CMP) Fund			\$7,857,916
<b>222</b> Organ Donor Education and Awareness Program			\$373,432
<b>225</b> Breast Cancer Act			\$92,259
<b>226</b>			

Sports Eye Safety Program			\$2,025
<b>228</b> Leukemia and Lymphoma			\$64,216
<b>229</b> Multiple Sclerosis Society			\$8,103
<b>233</b> Prevent Birth Defect, Premature Birth and Infant Mortality			\$1,740
<b>235</b> Oklahoma Lupus Fund			\$7,017
<b>236</b> Trauma Care Assistance			\$6,397,789
<b>242</b> Pancreatic Cancer Research License Plate Fund			\$7,420
<b>250</b> Regional Guidance Centers			\$12
<b>265</b> Child Abuse Prevention			\$90,930
<b>267</b> Emergency Medical Technician Death Benefit			\$105,965
<b>268</b> Emergency Response Systems Stabilization and Improvement			\$2,109,651
<b>284</b> Dental Loan Repayment Program			\$329,520
<b>285</b> Institute for Disaster and Emergency Medicine			\$506,802
<b>290</b> Children's Hospital - Oklahoma Safe Kids Association			\$860
<b>295</b> State Athletic Commission			\$267,871